

Board of Registration in Medicine
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www.mass.gov/massmedboard

FORM R
Physician License Renewal

Additional information related to questions 14 and 15. If you answered "Yes" to any of these questions, provide the following information where applicable, even if you have previously provided some or all of this information to the Board. (Attach additional sheets with same format where necessary.)

Sections A and B must be completely and accurately filled out for each claim reported.

If there are any unanswered questions on Form R, your license renewal will be delayed.

SECTION A:

Physician Name: _____ License No.: _____

Insurer (at the time of incident): _____ Policy No.: _____

Patient Name: _____ Incident Date: ____/____/____ (mm/dd/yyyy)
(All fields required)

Claimant Name, if different from patient: _____

Description of claims. This does not constitute an admission of fault or liability. **(Please note: Use the Renewal Instructions, Reference Table 5, for a list of allegations. You must select at least one allegation.)**

Allegation: _____ Allegation: _____

SECTION B: *For assistance with this section, please contact your medical liability insurance carrier or attorney prior to submitting the Form R.*

Case Name (Plaintiffs and Defendants): _____

County of Origin (Check (☑) only one) :

<input type="checkbox"/> Barnstable	<input type="checkbox"/> Bristol	<input type="checkbox"/> Essex	<input type="checkbox"/> Hampden	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Berkshire	<input type="checkbox"/> Dukes	<input type="checkbox"/> Franklin	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Nantucket	<input type="checkbox"/> Plymouth	<input type="checkbox"/> Worcester
<input type="checkbox"/> Out of State: _____		<input type="checkbox"/> Federal: _____				

Current status of claim: ☐ Closed ☐ Pending

Was the case resolved before the entry of a verdict? ☐ Yes ☐ No

What was the decision? ☐ Dismissed before trial ☐ Plaintiff Verdict ☐ Defense Verdict

Decision determined by: ☐ Judge ☐ Jury

If a payment was made: Amount allocated to you: \$ _____ Payment Date: ____/____/____

Signature: _____ Date: ____/____/____

Print Name: _____ License No.: _____

Additional information related to QUESTION 16.

16. Other Civil Lawsuits. This question refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. Please provide a summary of the claim or action.

Additional information related to QUESTIONS 17 through 21. If you answered "Yes" to any of these questions, provide the following information, even if you have previously provided some or all of this information to the Board. Attach additional sheets (with same format) where necessary. (*See Renewal Instructions.*)

17. Criminal Charges: Select Criminal Charges from the attached list. Attach a copy of the following documents: 1) indictment or complaint; 2) up-to-date court docket sheet; and 3) all police reports. (*See the list of Criminal Charges on the last page of this form.*)

Court: _____ Date of Incident: ____/____/____

Charge(s): _____

Description: _____

Status: _____

18. Disciplinary Action, Investigation or Leave of Absence

Name of Organization: _____

Date(s) of Action(s): _____

Basis for Action: _____

Action Taken or Pending (circle all that apply):

Revocation of right or privilege
Suspension of right or privilege
Censure
Written reprimand or admonition
Restriction of right or privilege
Non-renewal of right or privilege
Fine

Required performance of public service
Education/Training/Counseling/Monitoring
Denial of right or privilege
Resignation
Leave of absence
Withdrawal of an application
Termination or non-renewal of contract

Probation
Assurance of Discontinuance
Consent Order or Agreement
Monitoring Agreement
Expulsion from Membership
Pending
Other: _____

Signature: _____ Date: ____/____/____

Print Name: _____ License No: _____

19. Restriction of Privileges to Prescribe Controlled Substances

Type of Restriction: _____ Date: ____/____/____

Description: _____

20. Withdrawal or Denial of License

State: _____ Date: ____/____/____

Description: _____

21. Liability Insurance Action

Name of Organization: _____ Date: ____/____/____ Duration: _____

Description: _____

Signature: _____ Date: ____/____/____

Print Name: _____ License No: _____

Criminal Charges for Question #17

Accessory	Ent. without Bk. Night Dwel. Int. Fel.	Perjury
Aggravated Rape	Enticing to Unlawful Sex Intercourse	Person Knowingly Violates Hazardous Waste Law
Armed Assault in a Dwelling	Filing False Medicaid Claims	Posing Child Nude
Armed Assault with Int. Rob/Mur	Fraud Insurance Claim-Motor Vehicle	Poss. of Class A
Armed Assault with Int. Rob/Mur 65+	Home Invasion	Poss. Firearm without Firearm ID
Armed Burglary & Assault on Occ.	Illegal Poss. of Class C Substance	Poss. Inst. to Admin. Contr. Subs.
Armed Robbery	Indecent A&B Mentally Retarded Per.	Poss. of Class A Substance (Heroin)
Assault	Indecent A&B on Person 14 or Over	Poss. of Class B Substance (Cocaine)
Assault by Dangerous Weapon	Indecent A&B, Child Under 14	Poss. of Class C Substance (Depressants)
Assault with Dang. Wpn., Victim 65+	Indecent Exposure	Poss. of Class D Substance (Marijuana)
Assault with Intent to Commit Felony	Inducing Minor Prostitution	Poss. of Class E Substance (Prescription Drugs Not Covered in Classes A, B, C, D)
Assault with Intent to Kill	Inhal Toxic Substance	Possess Child Pornography
Assault with Intent to Maim	Intent to Distribute or Manufacture Class A (Heroin)	Prostitution, Payment for Sex
Assault with Intent to Maim with Inj.	Intent to Distribute or Manufacture Class B (Cocaine)	Pull False Alarm, etc.
Assault with Intent to Murder	Intimidation of a Witness	Rape
Assault with Intent to Rape	Kidnapping	Rape of Child with Force
Assault with Intent to Rape a Child	Kidnapping of Minor by Relative	Receiving Stolen Property
Assault & Battery	Knowingly Being Pres. Heroin Kept	Rob Unarmed Victim 65+
Assault & Battery on EMT	Larceny	Robbery, Unarmed
Assault & Battery Bodily Injury to Child	Larceny by Check	Shoplifting
Assault & Battery by Dang. Weapon	Larceny of a Firearm	Soliciting for Prostitute
Assault & Battery with Dang. Wpn., Victim 65+	Lewd & Lascivious	Stalking
Assault & Battery on Police	Making Annoying Telephone Calls	Threatening to Commit a Crime
Assault & Battery on Public Serv.	Making Obscene Telephone Calls	Trafficking in Cocaine
Attempted Murder	Malicious Destruction of Property	Trafficking in Heroin
Attempting Arson	Manslaughter	Trafficking in Marijuana
Attempting to Commit Crime	Mayhem	Trespass
Break & Ent. Day Int. Fel. Pers. in Fear	Mfg/Distrib/Cult Class D	Unarmed Assault with Intent to Rob
Burglary and Assault in a Dwelling	Mfg/Distrib/Disp Class A (Heroin)	Unarmed Burglary
Carjacking	Mfg/Distrib/Disp Class B (Cocaine)	Unknown
Carrying a Dangerous Weapon	Mfg/Distrib/Disp Class C Sub.	Unlawful Mfg/Dist/Disp/Poss Class C Substance
Carrying Firearm without License	Mfg/Distrib/Disp Class E	Uttering a False Prescription
Civil Rights Violation	Murder	Violation of Restraining Order
Communicating False Bomb Report	MV Homicide	Other (specify)
Conspiracy	MV Homicide Under Infl. of Drugs	
Contributing to Delinq. of Child	MV Homicide Under Infl. of Liquor	
Creating/Dist. Counterfeit Subst.	Nonsupport of Spouse, Minor Child	
Disorderly Person	Obtaining Drug by Fraud	
Dispensing Class E in Violation of GL c.94e S 32d (Prescription Drugs)	Op. M/B Under Influence of Drugs	
Dissemination of Harmful Matter to a Minor	Op. M/B Under Influence of Liquor	
Distribution Drugs to Minor	Op. Under Infl. of Drugs, 1st	
Distribution of Controlled Substance in School Zone	Op. Under Infl. of Drugs, 2nd	
Disturbing the Peace	Op. Under Infl. of Drugs, 3rd or +	
Elderly Abuse	Op. Under Infl. of Liquor, 1st	
	Op. Under Infl. of Liquor, 2nd	
	Op. Under Infl. of Liquor, 3rd or +	
	Open and Gross Lewdness	